Organizational Readiness and Capacity Assessment[1,2]

This Readiness Assessment is intended to help your agency identify issues that are known to impact readiness for adoption of a new practice. Circle the number that corresponds to how ready you believe your agency is to address the issue described in each statement. An action plan is included to help you determine how your agency can increase readiness for successful adoption of a new practice.

	Not at all Ready	About 25% Ready	About 50% Ready	About 75% Ready	Totally Ready
Clients					
1. Clients are currently able to be screened for trauma-related symptoms that could qualify them for the new practice.	1	2	3	4	5
2. We already have many clients who will benefit from the new practice based on their clinical presentation, diagnosis, and histories.	1	2	3	4	5
Leadership/Clinicians/Staff					
3. Clinicians in our agency agree with the rationale for using the new practice.	1	2	3	4	5
4. Agency and clinical leadership actively support the adoption of the new practice for reasons clinicians can share.	1	2	3	4	5
5. We have on staff seasoned professionals to whom clinicians look to for support, consultation, and guidance.	1	2	3	4	5
6. All staff who will be affected by the new practice know changes are coming and are prepared to offer feedback for its success.	1	2	3	4	5
7. Our agency has a tradition of learning and changing so we do not become entrenched in the status quo.	1	2	3	4	5
8. The clinical orientation of the new practice is not inconsistent with that of the existing staff and leadership.	1	2	3	4	5
9. Staff at all levels perceives the advantage of implementing the new practice.	1	2	3	4	5
10. Our staff has opportunities for interaction with others in our community or around the nation who has/is implementing the new practice.	1	2	3	4	5
Supervision					
11. Our supervisors are clear about how the new practice will	1	2	3	4	5

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benefit clients.					
12. Our agency currently provides case specific, clinical supervision (as opposed to administrative supervision) to our clinicians.	1	2	3	4	5
13. Supervisors are prepared to learn about the new practice through training, careful study of literature, and consultation with experts.	1	2	3	4	5
14. Weekly one hour clinical supervision is the norm for new treatments implemented in our agency.	1	2	3	4	5
15. Clinician direct care hours can be adjusted to allow for supervision in the new practice.	1	2	3	4	5
Internal and External Stakeholders					
16. We have collected information about key stakeholders within our agency (e.g. intake, records, and billing personnel) that might be affected by the new practice.	1	2	3	4	5
17. Internal and external "champions" or "cheerleaders" are in place to support implementation of the new practice.	1	2	3	4	5
18. We have or are developing targeted information for our identified stakeholders that answers their specific questions about the new practice.	1	2	3	4	5
Program/Culture/Services					
19. Our supervisors, clinicians, and staff are generally positive about changes in practice especially when they can see how it will benefit the clients.	1	2	3	4	5
20. There are components of the new practice that are consistent with on-going practice in our agency.	1	2	3	4	5
21. Case load and direct care hours can be adjusted in response to the requirements of the new practice.	1	2	3	4	5
22. We have measurement systems that will provide feedback on our progress in adoption of the new practice.	1	2	3	4	5
Finance and Administration					
23. Current reimbursement mechanisms cover the new practice.	1	2	3	4	5
24. Current service definitions, units, provider qualifications, or financing mechanisms can accommodate the new practice.	1	2	3	4	5

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25. Funds are available to pay for the added cost of implementing and delivering the service, even if they must be shifted from other areas.	1	2	3	4	5
Education					
26. Therapists have adequate time to formally learn about the new practice.	1	2	3	4	5
27. We traditionally provide ongoing learning opportunities and consultation to clinicians learning a new practice.	1	2	3	4	5
28. We can provide financial and time to clinicians wishing to learn a new practice.	1	2	3	4	5
Technology					
29. Our clinicians and supervisors have high speed, broadband access to the internet, intranet, internet, email, and learning and feedback about the new practice.	1	2	3	4	5

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[2] *Citation:*

Allred, C., Markiewicz, J., Amaya-Jackson, L., Putnam, F., Saunders, B., Wilson, C., Kelly, A., Kolko, D., Berliner, L., & Rosch, J. (2005). *The Organizational Readiness and Capacity Assessment.* Durham NC: UCLA-Duke National Center for Child Traumatic Stress.